

Patient information from BMJ

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Fecal incontinence

Fecal incontinence means that you don't have complete control over when you pass feces (empty your bowels) or gas. It can affect your quality of life, and make you feel embarrassed and socially isolated.

But there are treatments that can help many people. Fecal incontinence can have many different causes. Treating the cause should help treat the problem.

You can use our information to talk with your doctor about the best treatments for you. You might feel embarrassed to talk with your doctor. But they will have helped many people with similar problems.

What is fecal incontinence?

Fecal incontinence means not having complete control over when you pass feces (empty your bowels) or when you pass gas.

Many things can cause fecal incontinence, including:

- **Physical problems** in your anus or rectum: for example, problems with the muscles and other tissues
- Problems that affect the **nervous system**. These could be localized problems, or conditions like multiple sclerosis or stroke
- Having had pelvic or bowel **surgery**
- Mental health issues
- Injuries, such as stretching, that can happen during **childbirth**
- Problems that can affect the consistency of your stool, such as **inflammatory bowel disease**
- Some types of physical disability, and
- Getting older.

Fecal incontinence is more common than many people think. It affects up to 10 in 100 adults. That figure could be even higher, as many people don't like to talk about it, even with their doctor.

What are the symptoms?

Symptoms of fecal incontinence can vary according to what is causing them. They generally include:

- Passing gas accidentally
- Passing liquid feces accidentally, and
- Passing solid feces accidentally.

If you see your doctor about problems like these, they will ask you questions about your symptoms, such as how often they happen, and whether they affect your lifestyle and daily activities.

They will also ask about your **medical history**. For example, they will probably ask:

- When your symptoms started
- Whether you have a history of bowel problems, such as inflammatory bowel disease or constipation
- If you have ever had bowel or stomach surgery
- If you have any problems with your lower back, and
- If you have any medical issues that affect your nervous system, such as multiple sclerosis.

Your doctor will probably also want to do a **physical exam**. This will probably mean the doctor inserting a finger into your rectum. This can help to find things like scarring, fistulae (unusual connections between two types of tissue), lumps, and impacted masses of feces.

Your doctor might also suggest some **tests**. These might include:

- Scans
- Tests on the nerves in your rectum
- Blood and stool tests, and
- A **sigmoidoscopy**. This involves inserting a small camera into the rectum to look for problems and blockages.

If you are a **woman who has had children**, your doctor will ask you about things that happened during your labor and delivery that can lead to problems with incontinence, such as:

- Whether you had an episiotomy or tearing
- Whether your doctor used forceps during delivery
- If the second stage of labor was delayed, and
- The birth weight of your baby or babies.

What treatments are available?

Fecal incontinence is not really a condition in itself, but a symptom of another problem - or of more than one problem. So the best way to treat it is to treat those problems.

First steps

Unless there is an obvious cause of your symptoms that can be easily treated, your doctor will probably suggest that you begin by thinking about:

- Your **diet**
- Your daily **bowel habits**, and
- **Ways of coping** with your symptoms.

They might suggest that you keep a **food diary**. This can help you to understand if you are eating a balanced and healthy diet.

It can also highlight any foods that might help to cause bowel problems. For example, some people might need to reduce the amount of fiber in their diet if their stools are too loose.

Foods that can make stools loose can include:

- Certain fruits and fruit products, including prunes, rhubarb, figs, and fruit juices
- Artificial sweeteners
- Alcohol
- Caffeine, and
- Some vegetables, such as beans, broccoli, cauliflower, and cabbage.

On the other hand, some people need to eat more fiber, to make their stools less hard.

Your doctor might also suggest ways of making your bowel movements more regular and predictable. For example, they might suggest that you try:

- Going to the bathroom after each meal
- Using bathrooms that are private, comfortable, and accessible, and
- Using a sitting or squatting position when you use the bathroom, and avoiding straining.

Your doctor should understand that problems with fecal incontinence can affect your **mental health** and your ability to socialize and do the things you enjoy.

You should feel free to discuss any such issues with your doctor. And they should understand how important it is for you to get the help you need.

Your doctor might also be able to advise you about practical things, such as disposable pads (if you need them), as well as other useful products, and local **support groups**.

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Treatments for loose stools

If your stools are very loose and soft, even after changes to your diet, your doctor might recommend medications that are usually used to treat diarrhea. These can cause side effects, so your doctor will want to check on you regularly.

Treatments for constipation and overflow

Some people's symptoms are caused by hard, compacted stools that build up in the rectum and then overflow.

If you are affected in this way, your doctor might recommend medications and treatments that help the bowel to empty more completely when you use the bathroom, so that hard stools don't collect there.

Problems with the spinal cord and nerves

If your symptoms are caused by damage to your spinal cord or to the nerves in your intestines, your doctor should refer you to a system specialist (**neurologist**). They might suggest treatments that stimulate the nerves, or even surgery.

Problems with the sphincter muscle

If your symptoms are caused by problems with the muscle that keeps the anus closed (called the sphincter muscle), there are various treatments that can help, including:

- **Pelvic floor exercises** similar to the ones that pregnant women use to strengthen their pelvic muscles
- **Biofeedback**, a technique that helps you to understand and control some of your body's function, and
- **Electric stimulation** of the muscles.

Your doctor might also suggest **surgery** to strengthen the sphincter. This operation can work well. But many people find that their problems return after 4 or 5 years.

Severe incontinence where treatments haven't helped

If your symptoms are severe and other treatments haven't made much difference, your doctor might suggest that you think about changing the way you pass stools completely.

This would involve having an artificial opening (called a **stoma**) made in your abdomen, which would empty your stools into a disposable bag called a colostomy bag.

This treatment can help when nothing else has worked. But there can be complications, including skin and muscle problems. This is a major operation, and you should discuss it with your doctor in detail before you make a decision.

What to expect in the future

Many people's symptoms improve with treatment. But this improvement can take time and can depend on what caused the problems in the first place.

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It also depends on whether you keep up with the treatments that help. Many people find this difficult, especially as they get older.

Your doctor should check up on you every few months. If you have been referred to a specialist, they should follow up with you as often as is needed, especially if you have had treatments such as surgery or nerve stimulation.

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